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Lidija Covic, B								
This appln clai	TA ************************************	3 04/21/2 ****		ENTITY	**			
Foreign Priority claimed yes no 35 USC 119 (a-d) conditions yes no Met after Allowance Verified and Acknowledged Examiner's Signature Initials ADDRESS			STATE OR COUNTRY MA	SHEETS DRAWING 20		TOTAL CLAIMS 34		INDEPENDENT CLAIMS 1
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FILING FEE FEE	LING FEE FEES: Authority has been given in Paper ECEIVED No to charge/credit DEPOSIT ACCOUNT				All Fees 1.16 Fees (Filing) 1.17 Fees (Processing Ext. of time) 1.18 Fees (Issue) Other Credit			